

0623 SWH
0316000135G/03166102
STATE IDENTIFICATION NUMBER
(If Applicable)

EPA Region 5 Records Ctr.



285919

IL-C336-C7

ILD 025022997
EPA IDENTIFICATION NUMB

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

- (A) Facility Name: Acme Barrel Company
- (B) Street: 2300 W. 13th Street
- (C) City: Chicago (D) State: IL (E) Zip Code: 60608
- (F) Phone: 312/829-3838 (G) County: Cook
- (H) Operator: Acme Barrel Company
- (I) Street: 2300 W. 13th Street
- (J) City: Chicago (K) State: IL (L) Zip Code: 60608
- (M) Phone: 312/829-3838 (N) County: Cook
- (O) Owner: American Nat. Bank & Trust - Trust No. 38159
- (P) Street: 33 N. La Salle Street
- (Q) City: Chicago (R) State: IL (S) Zip Code: 60602
- (T) Phone: 312/661-5000 (U) County: Cook
- (V) Date of Inspection: Oct. 20, 1982 (W) Time of Inspection (From) 11:30am (To) 1:15pm
- (X) Weather Conditions: Cloudy 38°F

(Y)	Person(s) Interviewed	Title	Telephone
	<u>Ronald C. Meyer</u>	<u>Comptroller</u>	<u>312/829-3838</u>
	_____	_____	_____
	_____	_____	_____
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>Clifford Gould</u>	<u>IEPA/EPs</u>	<u>312/345-9780 x290</u>
	_____	_____	_____
	_____	_____	_____
(AA)	Preparer Information		
	Name	Agency/Title	Telephone
	<u>Clifford Gould</u>	<u>IEPA/EPs</u>	<u>312/345-9780 x290</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|---|--|
| <p><u>X</u> A. Storage and/or Treatment</p> <ol style="list-style-type: none"> 1. Containers (I) 2. Tanks (J) <u>N/A</u> 3. Surface Impoundments (K) <u>N/A</u> 4. Waste Piles (L) <u>N/A</u> <p><u>N/A</u> B. Land Treatment (M)</p> <p><u>N/A</u> C. Landfills (N)</p> | <p><u>N/A</u> D. Incineration and/or Thermal Treatment (O and P)</p> <p><u>N/A</u> E. Chemical, Physical, and Biological Treatment (Q)</p> |
|---|--|

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<u> </u>	<u> </u>	<u> </u>	<u>N/A Facility does not receive haz. waste</u>
2. Facility expansion?	<u> </u>	<u> </u>	<u> </u>	<u>N/A No expansion planned.</u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u> </u>	<u> </u>	<u> </u>	<u>N/A Facility does not accept waste from off-site.</u>
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<u>X</u>	<u> </u>	<u> </u>	<u>Security guard + alarm system</u>
2. Artificial or natural barrier around facility?	<u>X</u>	<u> </u>	<u> </u>	<u>Fence + building walls.</u>
3. Controlled entry?	<u>X</u>	<u> </u>	<u> </u>	<u>Gates + building doors are locked.</u>
4. Danger sign(s) at entrance?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Records of operator error?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
3. Records of discharges?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	<u>X</u>	---	---	-----
5. Safety, emergency equipment?	<u>X</u>	---	---	Done by contractor on Monthly basis
6. Security devices?	<u>X</u>	---	---	Done by contractor for alarm system
7. Operating and structural devices?	<u>X</u>	---	---	-----
8. Inspection log?	<u>X</u>	---	---	-----
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	---	<u>X</u>	---	-----
2. Job descriptions?	---	<u>X</u>	---	-----
3. Description of training?	---	<u>X</u>	---	-----
4. Records of training?	---	<u>X</u>	---	-----
5. Have facility personnel received required training by 5-19-81?	---	<u>X</u>	---	-----
6. Do new personnel receive required training within six months?	---	<u>X</u>	---	-----
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed? <i>N/A</i>				
1. Special handling?	---	---	---	-----
2. No smoking signs?	---	---	---	-----
3. Separation and protection from ignition sources?	---	---	---	-----

*Not Inspected

IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?

Yes No NI* Remarks

— X —

(B) If required, does the facility have the following equipment:

1. Internal communications or alarm systems?

X — —

Page system

2. Telephone or 2-way radios at the scene of operations?

X — —

Handi-talkie

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

X — —

shovel & lime.

Indicate the volume of water and/or foam available for fire control:

Plant is sprinklered - water from Chicago fire hydrants

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator established testing and maintenance procedures for emergency equipment?

X — —

Done by outside
Contractors.

2. Is emergency equipment maintained in operable conditions?

X — —

(D) Has owner or operator provided immediate access to internal alarms? (if needed)

X — —

Alarm connected
to paging system

*Not Inspected

(E) Is there adequate aisle space
for unobstructed movement?

X

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the
following information:

Yes No NI* Remarks

1. The actions facility personnel
must take to comply with
§265.51 and 265.56 in response
to fires, explosions, or any
unplanned release of hazardous
waste? (If the owner has a Spill
Prevention, Control, and Counter-
measures (SPCC) Plan, he needs
only to amend that plan to
incorporate hazardous waste
management provisions that are
sufficient to comply with the
requirements of this Part (as
applicable.)

X

2. Arrangements agreed by local
police departments, fire departments
hospitals, contractors, and State
and local emergency response teams
to coordinate emergency services
pursuant to §265.37?

X

3. Names, addresses, and phone
numbers (office and home) of all
persons qualified to act as
emergency coordinators?

X

4. A list of all emergency equipment
at the facility which includes the
location and physical description
of each item on the list and a
brief outline of its capabilities?

X

5. An evacuation plan for facility
personnel where there is a possibility
that evacuation could be necessary?
(This plan must describe signal(s)
to be used to begin evacuation,
evacuation routes, and alternate
evacuation routes?)

X

Contained in Site
safety plan.

*Not Inspected

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?				
				N/A No emergency has

N/A No emergency has occurred at this facility relating to hazardous waste activity.

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	_____	_____	_____	<u>N/A Site does not accept waste from off-site</u>
2. Are records of past shipments retained for 3 years?	<u>X</u>	_____	_____	_____
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	_____	_____	_____	<u>N/A See (A) 1 above.</u>

VI. RECORDKEEPING - Continued

(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73?

X

2. Does the operating record contain the following information:

- **b. The method(s) and date(s) of each waste's treatment, ~~storage, or disposal~~ as required in Appendix I?

X

- c. The location and quantity of each hazardous waste within the facility?

X

- ***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

 N/A

- e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

X

- f. Reports detailing all incidents that required implementation of the Contingency Plan?

 N/A No incidents.

- g. All closure and post closure costs as applicable? (Effective 5-19-81)

X

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

VII. CLOSURE AND POST CLOSURE
(Part 265 Subpart G)

	Yes	No	NI*	Remarks
(A) Closure and Post Closure				
1. Is the facility closure plan available for inspection by May 19, 1981?	<u>X</u>	—	—	—
2. Has this plan been submitted to the Regional Administrator	—	—	—	<u>N/A Closure not expected within 180 days of the date of this inspection.</u>
3. Has closure begun?	—	—	—	—
4. Is closure estimate available by May 19, 1981?	<u>X</u>	—	—	—
(B) Post closure care and use of property				
Has the owner or operator supplied a post closure monitoring plan? (effective by May 19, 1981)	—	—	—	<u>N/A Treatment, no disposal</u>

VIII. FACILITY STANDARDS
(Part 265, Subparts I thru R)

I
USE AND MANAGEMENT OF CONTAINERS

Facility Name: Acme Barrel Company Date of Inspection: Oct. 20, 1982

	Yes	No	NI*	Remarks
1. Are containers in good condition?	<u>X</u>	—	—	—
2. Are containers compatible with waste in them?	<u>X</u>	—	—	—
3. Are containers stored closed?	—	<u>X</u>	—	<u>Not designed to be stored closed.</u>
4. Are containers managed to prevent leaks?	<u>X</u>	—	—	—
5. Are containers inspected weekly for leaks and defects?	<u>X</u>	—	—	<u>More frequently.</u>
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)	—	—	—	<u>N/A No ignitable or reactive waste stored at the facility.</u>

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

The facility generates hazardous waste as a result of its drum reconditioning operations. The waste generated is hazardous because of EP Tox (lead).

The sludge is treated ~~xx~~ with lime in a roll-off box prior to disposal at a landfill. Analysis of the treated sludge indicates that the material is no longer hazardous by characteristic.

During the inspection it was noted that the facility had not prepared written job descriptions, descriptions of the type and amount of training, documentation of training (Section 725.116(d)) and had not submitted a copy of the contingency plan to the appropriate local authority (725.153(b)).

7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)

Yes No NI* Remarks

--- --- --- N/A

8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?

--- --- --- N/A



ENVIRONMENTAL PROTECTION AGENCY STATE OF ILLINOIS
INTER-OFFICE CORRESPONDENCE

DATE: _____

MEMO TO: File

FROM: _____

SUBJECT: _____ COUNTY - D.L.P.C. Inspection
_____/_____

GENERAL REMARKS: _____

INTERVIEW: _____

DIAGRAM:

LPC-19

